

Revised 05/05

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-3701  
 www.iowa.gov/ethics

## FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

## For office use only:

Indexed \_\_\_\_\_  
 Audited \_\_\_\_\_  
 Checked \_\_\_\_\_  
 Computer \_\_\_\_\_

Iowa Code Section 8.7 requires all gifts, bequests, and grants given to any department of the state or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI  
 Name of Department or Office  
 1800 N. 16th Street  
 Mailing Address  
 712-543-2101 Ext. 3317  
 Area Code & Telephone No.  
 Clarinda, IA 51532  
 City, State, Zip Code

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays  
 Name  
 Mailing Address (if different from above)  
 Sue.RehwaldtHays@iowa.gov  
 City, State, Zip (if different from above)  
 712-543-2101 Ext. 3317  
 Email Address  
 Area Code & Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Sherry Westbrook  
 Name  
 Mailing Address  
 Clarinda, IA 51632  
 City, State, Zip Code  
 Area Code & Telephone Number  
 Email Address (optional)

1/09 \$ 20.00  
 Date of Gift, Bequest, or Grant Amount/Value

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof.

donated shoes for patients use

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

I, Sue Rehwaldt Hays, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

2/20/09

Date

Revised 03/05

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI

Name of Department or Office  
1800 N 16th Street

Clarinda, IA 51532

Mailing Address

City, State, Zip Code

712-541-2161 EXT 3317

Area Code &amp; Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Sue.RehwaldtHays@iowa.gov

712-541-2161 Ext. 3317

Email Address

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Rick Brumfield

Name

Clarinda, IA 51532

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

1/09

\$ 10.00

Date of Gift, Bequest, or Grant

Amount/Value

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof.

donated watch for patient use

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

Sue Rehwaldt Hays

I affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

2/20/09

Date

Revised 05/05

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

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## DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI

Name of Department or Office

3400 N 16th Street

Clarinda, IA 51631

Mailing Address

712-542-2161 ext. 3317

City, State, Zip Code

Area Code &amp; Telephone No.

## CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays

Name

Mailing Address (if different from above)

Sue.RehwaldtHays@iowa.gov

City, State, Zip (if different from above)

712-542-2161 Ext. 3317

Email Address

Area Code &amp; Telephone Number (if different from above)

## DONOR OF GIFT, BEQUEST, OR GRANT:

Helen Flach

Name

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

1/09

\$ 50.00

Date of Gift, Bequest, or Grant

Amount/Value

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose therefor:

To buy patients treats.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

## Statement of Affirmation:

Sue Rehwaldt Hays

I affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

2/20/09

Date